

## BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22044-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8000PLEASE NOTE:  
YOU MUST  
COMPLETE THE  
FOLLOWING

JAN 28 2002

Insert Title:

Fill in Appropriate  
Information -  
For Use Without  
Specification  
Attached:COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SURGICAL FORCEPS

the specification of which is attached hereto. If not attached hereto,

the specification was filed on November 6, 2001United States Application Number 09/985,863

and amended on:

the specification was filed on May 8, 2000International Application Number PCT/JP00/00052

amended under PCT Article 19 on:

as

(if applicable) and/or

as PCT

and was

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s)

## Priority Claimed

Insert Priority  
Information:  
(if appropriate)9990374

(Number)

Ireland

(Country)

Mar 7, 1999

(Month/Day/Year Filed)

☒

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

I hereby claim the benefit under Title 35, United States Code, §119(c) of any United States provisional application(s) listed below.

Insert Provisional  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Country

Application Number

Date of Filing (Month/Day/Year)

Insert Requested  
Information:  
(if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292**  
P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8150

**PLEASE NOTE:  
YOU MUST  
COMPLETE  
THE  
FOLLOWING:**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application for an patent issued thereon.

Full Name of First  
Inventor  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

|   |  |                      |          |
|---|--|----------------------|----------|
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Emmet Joseph Howard Peter ANDREWS   |  | <i>[Signature]</i>   | 20/12/01 |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| CORK, CORK, IRELAND   |  | X IRISH              |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |
| 44 HEATHERVUE, GLANMIRE, CORK, IRELAND                                    |  |                      |          |
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |
| GIVEN NAME/FAMILY NAME  |  | INVENTOR'S SIGNATURE | DATE*    |
| Residence (City, State & Country)   |  | CITIZENSHIP          |          |
| MAILING ADDRESS (Complete Street Address including City, State & Country) |  |                      |          |